STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ACKNOWLEDGMENT AND CONFIRMATION OF RECEIPT OF RELINQUISHMENT DOCUMENTS TO ADOPTION AGENCY STATE CASE NUMBER CHILD'S NAME BIRTHDATE This will confirm receipt of the following documents: Relinquishment(s) signed by Mother Presumed father(s) Alleged natural father(s) Received on ☐ Signed on DATE Action(s) in lieu of relinquishment for Mother Presumed father(s) Alleged natural father(s) Filed with the court on DATE Alleged father(s) did not respond in 30 days Denial of paternity-Alleged natural father(s) Waiver-Alleged natural father(s) Received on Signed on Parent(s) deceased Mother Presumed father(s) Alleged natural father(s) Verified date ACKNOWLEDGEMENT CANNOT BE ISSUED FOR ALL PARENTS FOR REASON(S) CHECKED BELOW: FORM AD 90 Not enclosed Competency clearance not clearly established for relinquishing Mother Presumed father(s) Alleged natural father(s) Competency Section unmarked for Mother Presumed father(s) Alleged natural father(s) relinguishing Marriage dissolution verifications Section _ not completed. RELINQUISHMENT, STATEMENT OF UNDERSTANDING (SOU), WAIVER, DENIAL (SEE COMMENTS BELOW) Mother Incomplete. Presumed father(s) Alleged natural father(s) Alteration/correction/error on Mother Presumed father(s) Alleged natural father(s) relinquishment/SOU of: Wrong relinquishment/SOU Mother Presumed father(s) Alleged natural father(s) form ŭtilized for: Relinquishment/SOU not submitted for: Mother Presumed father(s) Alleged natural father(s) IV. CERTIFICATION **FURTHER INFORMATION NEEDED** III. ACTION IN LIEU OF OF Indian heritage not verified, please submit: **RELINQUISHMENT (AD 551-A)** RELINQUISHMENT ☐ AD 4311 ☐ Clearance letters from BIA or tribe(s) Not enclosed Further information needed to verify child is free for adoptive Incomplete Not attached placement from: Not signed Not signed Mother ☐ Presumed father(s) ☐ Alleged natural father(s) Not dated Not dated VI. Please correct and return the following forms:_ **VII. COMMENTS:** ACKNOWLEDGMENT ISSUED FOR: Mother ☐ Alleged natural father(s) Presumed father(s) IN WITNESS WHEREOF, I have hereunto set my hand this_ 19_

Chief, Adoptions Branch

California Department of Social Services

Date

AD 4333 (6/99)